

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes KN

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMA	TION		Ben Kalikatika Selesi		
1. Full name of committee (as on Statement of Organization) Check if this is a new name					
2. Acronym or abbreviated name, if any	3. Committee telephone number (317) 844-8595				
4. Mailing address (address where all campaign finance correspondence is received) Check 10538 Latishore DR. East	k if this is a new address				
5. City, state, ZIP code Cornel In 46033	6. Party affiliation (if applicable)				
CANDIDATE INFORMATION (For Candida	nte's Committees O	nly)			
Full name of candidate (include any nickname) Fredrich T. 6445EL 8. Party affiliation or if independent Could lice					
9. Office sought (Include district number, if any. Not required for exploratory committee.) Carmc/ City Council	10. County of residence	tomilton			
TYPE OF REPORT		CONVENTION C	ANDIDATES ONLY		
11. Check one:		Check one:			
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 2	20 must be "0")	Pre-Convention			
Ugoing Treasurer (within 10 days amend Statement of Organization)	(artistant)	Post-Convention			
12. Reporting period:	EXCLUSION CONTRACTOR	COLUMN A This Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.		0			
14. Cash on hand and investments January 1, current year.					
CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contribu-		150 55	260 54		
15a. Itemized (use Schedule A)		350.54	250.54		
15b. Unitemized 15c. Add lines 15a, and 15b in both columns					
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 6	250.54			
EXPENDITURES	TO IAL				
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0			
17b. Unitemized					
17c. Add lines 17a and 17b in both columns	SUBTOTAL				
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colum	TOTAL S	250.54	250.54		
l Time to the control of the control	illis) Total				
19. Debts OWED BY the committee (use Schedule D)					
20. Debts OWED TO the committee (use Schedule E)		1000			

CERTIFICATION	1
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Signature on File

WARMING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
(street, number, city, state, ZIP code) 1. Committee for Cornel's Future P.o. Box 4493 Carnel IN 46082	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)	250,54		
2.	Contributions: Direct In-Kind (describe)	-		
	Other Receipts: Interest □ Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A C		\$ 250.54 \$ 250.54		
(Enter total on ITEM 15a of the Summary S	Sheet)	\$ 250.51		